

# IBS TREATMENT SUITABILITY AND PATIENT EXPECTATION FORM

Subject ID	Month	Day	Year	Week
0 0 0 0	0 0	0 0	0 0	0 0
1 1 1 1	1 1	1 1	1 1	1 1
2 2 2 2	2 2	2 2	2 2	2 2
3 3 3 3	3 3	3 3	3 3	3 3
4 4 4 4	4 4	4 4	4 4	4 4
5 5 5 5	5 5	5 5	5 5	5 5
6 6 6 6	6 6	6 6	6 6	6 6
7 7 7 7	7 7	7 7	7 7	7 7
8 8 8 8	8 8	8 8	8 8	8 8
9 9 9 9	9 9	9 9	9 9	9 9

1. How suitable do you think this treatment is for your IBS symptoms?

0 1 2 3 4 5 6 7 8 9 10

Not at all Moderate Extremely Suitable

2. How successful do you think your treatment here will be for your IBS symptoms?

0 1 2 3 4 5 6 7 8 9 10

Not at all Moderate Completely Successful